



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE (ASRM) PATIENT MANAGEMENT  
AND CLINICAL RECOMMENDATIONS DURING THE CORONAVIRUS (COVID-19) PANDEMIC

**UPDATE No. 18 – November 12, 2021**  
**Vaccination, Booster Shots and Reproductive Health Care**

### **COVID-19 Vaccination and Fertility**

- There are no fertility-related reasons for a vaccine exemption.

### **COVID-19 Vaccination and Pregnancy**

- Based on US CDC data, as of September 2021, an estimated 31% of pregnant women have been vaccinated against COVID-19.<sup>1,2</sup>
- Symptomatic pregnant women with COVID-19 have a 70% increased risk of death compared to non-pregnant women with COVID-19.<sup>1,2</sup>
- Patients who are pregnant or who are planning to become pregnant should become vaccinated against COVID-19 with any of the available vaccines.
- Vaccination against COVID-19 significantly decreases the risk of infection and severe disease at all stages of pregnancy.<sup>1,2</sup> Approximately 400 million doses of COVID-19 vaccine have been administered in the US since 2020 with an excellent safety profile.
- Currently available data support the safety of vaccination against COVID-19 prior to pregnancy and during all stages of pregnancy.<sup>1,4</sup> Patients considering pregnancy should therefore be vaccinated as soon as possible, and not wait until conception, gestation, delivery or post-delivery.
- Vaccination early in gestation provides added protection for pregnant persons and allows time for an adequate immune response to develop prior to delivery.
- While additional well-designed studies are needed, COVID-19 vaccination during the first trimester has not been shown to increase the incidence of spontaneous abortion prior to 20 weeks gestation.<sup>3-5</sup>

## COVID-19 Vaccine Booster Shots and Pregnancy

- Patients who are fully vaccinated and either pregnant, or recently pregnant, should receive a booster shot at the recommended time after receiving their second dose of vaccine (e.g. after 6 months for the Moderna or Pfizer/BioNTech vaccine, or after 2 months of receiving the Johnson and Johnson vaccine).<sup>6</sup>
- There are no data to suggest benefit of delaying the timing of a booster shot (or initial vaccination), based on intention to become pregnant, trimester of pregnancy, or proximity to delivery.

## Medical Letter for Exemption from COVID-19 Vaccination

- Patients commonly look to their health care providers to write supportive exemption letters on their behalf. As a result, reproductive medicine specialists may encounter patients who ask for an exemption letter excusing them from mandated COVID-19 vaccination.
- The ASRM recommends that requests for letters of medical exemption from COVID-19 vaccination be directed toward a health care provider who is an expert in medical conditions that might qualify for an exemption. Such a provider would be in the best position to determine the vaccination eligibility status of the patient.
- Neither infertility nor pregnancy are reasons for exemption.

## Partners in the Clinic

- Patients, partners and intended parents should be vaccinated while undergoing fertility treatment to minimize risks to themselves and their pregnancy. However, access to fertility care should not be denied because of vaccination status.
- Where permissible, the ASRM supports partners and intended parents attending reproductive health appointments, provided they wear a mask and are asymptomatic. State, local, institution, and clinic rules and guidelines supersede this guidance.
- Individual clinics should have a uniform policy regarding partners and intended parents attending reproductive health appointments.

## REFERENCES

1. CDC Website for COVID-19 Vaccine and Pregnancy.  
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html>.

2. CDC Statement on Pregnancy Health Advisory – September 29, 2021.  
<https://emergency.cdc.gov/han/2021/han00453.asp>.
3. Magnus MC, Gjessing HK, Eide HN, Wilcox AJ, Fell DB, Haberg SE. Covid-19 Vaccination during Pregnancy and First-Trimester Miscarriage. N Engl J Med. Oct 20 2021;doi:10.1056/NEJMc2114466.
4. Shimabukuro TT, Kim SY, Myers TR, et al. Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons. N Engl J Med. Jun 17 2021;384(24):2273-2282. doi:10.1056/NEJMoa2104983.
5. Zauche LH, Wallace B, Smoots AN, et al. Receipt of mRNA Covid-19 Vaccines and Risk of Spontaneous Abortion. N Engl J Med. 2021;385(16):1533-1535. doi:10.1056/NEJMc2113891.
6. CDC Website for Booster Doses of COVID-19 vaccine: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html#HighRisk>.

---

The ASRM Coronavirus/COVID-19 Task Force members are Amanda Adeleye, MD, Natan Bar-Chama MD, Marcelle Cedars MD, Christos Coutifaris MD, PhD, Mark Cozzi MBA, Jodie Dionne-Odom MD, Kevin Doody MD, Eve Feinberg MD, Elizabeth Hern MBA, Jennifer Kawwass MD, Sigal Klipstein MD, Paul Lin MD, Anne Malave PhD, Alan Penzias MD, John Petrozza MD, Samantha Pfeifer MD, Catherine Racowsky PhD, Enrique Schisterman PhD, James Segars MD, Peter Schlegel MD, Hugh Taylor MD, and Shane Zozula BS.

This guidance document was developed under the direction of the COVID-19 Task Force of the American Society for Reproductive Medicine. These recommendations are being provided as a service to ASRM members, other practicing clinicians, and to the patients they care for, during the coronavirus pandemic. While this document reflects the views of members of the Task Force, it is not intended to be the only approved standard of practice or to dictate an exclusive course of treatment. Clinicians should always use their best clinical judgment in determining a course of action and be guided by the needs of the individual patient, available resources, and institutional or clinical practice limitations. The Executive Committee of the American Society for Reproductive Medicine has approved this guidance document.